

Practitioner's Docket No. 700157-043471*PATENT*#47
Req for ref.
04-23-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marasco et al.

Application No.: 08/822,033

Group No.: 1632

Filed: 03/24/1997

Examiner: Woitach, Joseph T.

For: NUCLEIC ACID DELIVERY SYSTEM, METHODS OF SYNTHESIS AND USE
THEREOFCommissioner for Patents and Trademarks
Box 17
Washington, D.C. 20231
ATTN: Refunds in Deposit Accounts

REQUEST FOR REFUND

I. REFUND REQUEST

REQUEST FOR REFUND

Applicants hereby request a refund of \$110.00 for an unknown charge made to the NIXON PEABODY LLP Deposit Account No. 50-0850. Applicants believe this charge was made in error, support for which is as follows:

1. An office action was mailed on May 28, 2002.
2. On October 28, 2002, a response was filed with a petition for a 2 month extension and fee of \$ 400.00. (Exhibit A)
3. On November 26, 2002, an RCE and a petition for a 3 month extension and fee of \$520.00. (Please note that this fee is indicative of the difference due between a 3 month extension and a 2 month extension, as we already paid for the two month extension.) (Exhibit B).
4. Although the above calculations indicate that the total 3 month extension fee has been paid, the most recent deposit account indicates a charge for a 1 month extension fee of \$110.00. (Exhibit C)

(check the following, if desired, and supply copy of statement)

II. FEES CHARGED FOR WHICH REFUND REQUESTED

(Request for Refund (Improper Charge of Deposit Account)--page 1 of Error! Bookmark not defined.)

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> Filing fee	_____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. section 1.16(e))	_____
<i>and/or</i>	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. section 1.16(e))	_____
<input checked="" type="checkbox"/> Extension of term	\$110.00
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> fifth month	_____
<input type="checkbox"/> Excess claims	_____
<input type="checkbox"/> Issue fee	_____
<input type="checkbox"/> Petition fee	_____
<input type="checkbox"/> Patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> Patent maintenance fee surcharge	_____
<input type="checkbox"/> Other _____	_____
TOTAL REFUND REQUESTED	
	\$110.00

III. MANNER OF REFUND

Please make refund by
 crediting Account No. 50-0850.
 refunding payment.

Nicole L.M. Valtz
 SIGNATURE OF PRACTITIONER

Reg. No.: 47,150

Nicole L.M. Valtz
 NIXON PEABODY LLP
 101 Federal Street
 Boston, MA 02110

Tel. No.: 617-345-1270

Customer No.: 26248

(Request for Refund (Improper Charge of Deposit Account)--page 2 of Error! Bookmark not defined.)

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FAX

Date: February 4, 2003 **Pages (including cover):** 8

To: Refund Section, Accounting Division, Office of Finance **Fax:** 1.703.308.5077 **Ph:** 1.703.305.8051

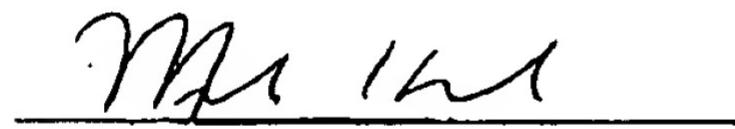
From: Nicole Valtz

Message: Applicants: Marasco et al.
Appln. No.: 08/822,033
Filed: March 24, 1997

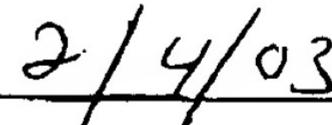
For: NUCLEIC ACID DELIVERY SYSTEM, METHODS OF SYNTHESIS AND USE THEREOF

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Request for Refund is being transmitted via facsimile to the Office of Finance at the Patent and Trademark office on the date shown below.



Melissa Kruggel



Date: February 4, 2003

Date: February 4, 2003 **Pages (including cover):** 8

To: Refund Section, Accounting Division, Office of Finance **Fax:** 1.703.308.5077 **Ph:** 1.703.305.8051

From: Nicole Valtz

Client/Matter: 700157-043471 **User No.:** 1270 **Disbursement Amount:** \$

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